



GILA COUNTY COMMUNITY DEVELOPMENT DIVISION

WASTEWATER

REQUEST FOR APPROVAL OF ALTERNATIVE FEATURE OF TECHNOLOGY, DESIGN,
SETBACK, INSTALLATION OR OPERATION PER A.A.C. R18-9-A312 (G)

General Aquifer Protection Permits 4.01 Through 4.23

Applicant (person responsible for overall compliance): Name: _____ Address: _____ _____ Phone No: _____	APN: _____ Fee Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Review fee is \$75 per each requested change	
Authorized Agent (Power of Attorney form required): Name: _____ Address: _____ _____ Phone No: _____		
1. Rule Citation of Requirement for Which Change is Requested: _____ Note: The Gila County Wastewater Department is not authorized to approve deviations from the following: <ul style="list-style-type: none">• The relationships between soil absorption rates and soil types or percolation rates - AAC R18-9-A312.D.• The relationship between minimum vertical separation and total coliform concentration-AAC R18-9-A312.E.• Performance criteria and hydraulic loading rates for treatment media established in AAC R18-9-E302 through R18-9-E323 or specified in any referenced document for design.		
2. Description of Requested Change: _____		
3. Justification for Requested Change (Please attach any necessary calculations, drawings, or other supporting documentation): _____ _____		
REQUEST APPROVED: <input type="checkbox"/> Equal or better performance <input type="checkbox"/> Site or system conditions addressed more satisfactorily Approved by: _____ Date: _____		
REQUEST DENIED: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Not equal or better performance <input type="checkbox"/> Request insufficiently justified <input type="checkbox"/> Adverse impact to environment/other permittees</div><div><input type="checkbox"/> Doesn't address site/system conditions better <input type="checkbox"/> Excessive review/research time needed <input type="checkbox"/> Other _____</div></div> Denied By: _____ Date: _____		
Signature by: <input type="checkbox"/> Applicant <input type="checkbox"/> Authorized Agent Signature: _____ Date: _____		
Engineer Information: Name: _____ Address: _____ _____ Phone: _____		Engineer's Seal: